CITY OF MANCHESTER NEW HAMPSHIRE

City of Manchester

&

Teamsters Local No. 633, Welfare

TENTATIVE AGREEMENT

1. Wages.

   2018-19: Steps and Longevities (including 2017-18-No retro) plus 1.0% COLA.

   2019-20: Steps and Longevities plus 1.5% COLA.

   2020-21: Steps and Longevities plus 1.5% COLA.

2. Health Insurance.

   2018-19: New hires (after September 1, 2018) are limited to HSA plan with $1500/$3000 contribution from the City annually to an HSA or an alternative new HMO plan of a similar cost to the HSA plan for those who do not otherwise qualify for the HSA plan.

   2018-19: Site of Service Overlay added to current HMO plan effective 12/1/18 for current hires.

   2020-21: Employee contribution 16% (except those currently paying 20%).

3. Step Scale.

   2018-19: New hires (after September 1, 2018) not entitled to the 5 or 10 year longevity steps. No changes for current employees.

4. Vacation.

   2018-19: Vacation leave policy for regular department employees shall be as follows:

   (a) Accrual rate for two (2) calendar weeks begins on date of hire.

   (b) Accrual rate for three (3) calendar weeks begins at the beginning of six (6) years of continuous service.

   (c) Accrual rate for four (4) calendar weeks begins at the beginning of ten (10) years of continuous service.

(d) Accrual rate for five (5) calendar weeks begins at the beginning of fifteen (15) years of continuous service.

(e) Accrual rate for six (6) calendar weeks begins at the beginning of twenty (20) years of continuous service.

8/10/18
Date

City of Manchester

8/10/18
Date

Teamsters Local 633, Welfare

CITY OF MANCHESTER
07/01/2018 - 06/30/2022
TEAMSTERS WELFARE

FY2019						
FY 2018 Merits & Longevities absorbed FY2019	1 % Cola as of 7/1/18	Merit	Long	Retire	SS & Medi	Totals
8,415	5,099	4,935	5,482	6,430	1,831	32,192

FY2020					
1.5 % Cola	Merit	Long	Retire	SS & Medi	Totals
7,979	2,806	3,715	3,896	1,109	19,505

FY2021					
1.5 % Cola	Merit	Long	Retire	SS & Medi	Totals
8,269	376	-	2,323	661	11,629

TOTAL	$63,326

SITE OF SERVICE HEALTH INSURANCE PROJECTED SAVINGS
FOR AFSCME UNIONS GENERAL FUND

FY2019 15% Cost Share	FY2020 16% Cost Share	FY2021 16% Cost Share	TOTAL
$ 3,044	$ 1,333	$ -	$ 4,377

WGS HUB

City of Manchester - Teamsters Welfare

Estimated Impact Associated with Changing to "Site of Service" Plan Designs with Recurring Co-pay Effective 12/1/18

08/01/18

		Fiscal Year 2019											
		FY19 Estimated Costs - Without Plan or Contribution Changes			FY19 Estimated Costs - With Plan Changes Effective 10/1/18 7/1/18-11/30/18			12/1/18-6/30/19			FY19 Savings		
	Current Enrollment	Employer Contributions	Employee Contributions	Total Cost	Employer Contributions	Employee Contributions	Total Cost	Employer Contributions	Employee Contributions	Total Cost	Employer Changes	Employee Changes	Total
HMO ($100 Ded)													
Single	0	$728.59	$128.57	$857.16	$728.59	$128.57	$857.16	$694.54	$122.56	$817.10			
Two Person	1	$1,464.46	$258.43	$1,722.89	$1,464.46	$258.43	$1,722.89	$1,396.02	$246.36	$1,642.38			
Family	4	$1,959.88	$345.86	$2,305.74	$1,959.88	$345.86	$2,305.74	$1,868.27	$329.70	$2,197.97			
	5	$111,648	$19,702	$131,350	$46,520	$8,209	$54,729	$62,084	$10,956	$73,040	$3,044	$537	$3,581
HMO 80/20 ($250 Ded)													
Single	0	$673.90	$168.47	$842.37	$673.90	$168.47	$842.37	$653.68	$163.42	$817.10			
Two Person	0	$1,354.54	$338.64	$1,693.18	$1,354.54	$338.64	$1,693.18	$1,313.90	$328.48	$1,642.38			
Family	0	$1,812.76	$453.19	$2,265.95	$1,812.76	$453.19	$2,265.95	$1,758.38	$439.59	$2,197.97			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
HSA													
Single	0	$664.96	$117.35	$782.31	$664.96	$117.35	$782.31	$664.96	$117.35	$782.31			
Two Person	0	$1,333.05	$235.24	$1,568.29	$1,333.05	$235.24	$1,568.29	$1,333.05	$235.24	$1,568.29			
Family	0	$1,711.26	$301.99	$2,013.25	$1,711.26	$301.99	$2,013.25	$1,711.26	$301.99	$2,013.25			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
HSA 80/20													
Single	0	$625.85	$156.46	$782.31	$625.85	$156.46	$782.31	$625.85	$156.46	$782.31			
Two Person	0	$1,254.63	$313.66	$1,568.29	$1,254.63	$313.66	$1,568.29	$1,254.63	$313.66	$1,568.29			
Family	0	$1,610.60	$402.65	$2,013.25	$1,610.60	$402.65	$2,013.25	$1,610.60	$402.65	$2,013.25			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
POS ($100 Ded)													
Single	0	$1,052.18	$185.68	$1,237.86	$1,052.18	$185.68	$1,237.86	$1,002.73	$176.95	$1,179.68			
Two Person	0	$2,114.86	$373.21	$2,488.07	$2,114.86	$373.21	$2,488.07	$2,015.46	$355.67	$2,371.13			
Family	0	$2,830.32	$499.47	$3,329.79	$2,830.32	$499.47	$3,329.79	$2,697.30	$475.99	$3,173.29			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL	5	$111,648	$19,702	$131,350	$46,520	$8,209	$54,729	$62,084	$10,956	$73,040	$3,044	$537	$3,581

Notes:

1. Plan Designs are below. Note that current HMO plans have a 1-time copay. Proposed Site of Service (SoS) plans have a recurring copay.

	Current Benefit Design		Proposed Benefit Design	
	SoS Copay	Non-SoS Copay	SoS Copay	Non-SoS Copay
Surgery	$100 or $250	$100 or $250	$0	$250
Lab	$0	$0	$0	$50
Radiology: Xray/Ultrasound	$0	$0	$0	$125
Radiology: CAT/MRI	$0	$0	$0	$250

2. Analysis assumes no shift in enrollment from HSA to HMO

3. Documents provided by Anthem and assume 10% increased utilization of Site of Service providers. Anthem assumes a 4% reduction in medical claims for the traditional (non HSA) plans. This translates to a 3% rate decrement to the current $250 plan.

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City of Manchester - Teamsters Welfare

Estimated Impact Associated with Changing to "Site of Service" Plan Designs with Recurring Co-pay Effective 12/1/18

08/01/18

Fiscal Year 2020										
		FY20 Estimated Costs - Without Plan or Contribution Changes			FY20 Estimated Costs - With Contribution Changes			FY20 Savings		
	Current Enrollment	Employer Contributions	Employee Contributions	Total Cost	Employer Contributions	Employee Contributions	Total Cost	Employer Changes	Employee Changes	Total
HMO 85/15										
Single	0	$739.68	$130.53	$870.21	$730.98	$139.23	$870.21			
Two Person	1	$1,486.76	$262.37	$1,749.13	$1,469.27	$279.86	$1,749.13			
Family	4	$1,989.71	$351.13	$2,340.84	$1,966.31	$374.53	$2,340.84			
	5	$113,347	$20,003	$133,350	$112,014	$21,336	$133,350	$1,333	($1,333)	$0
HMO 80/20										
Single	0	$696.17	$174.04	$870.21	$696.17	$174.04	$870.21			
Two Person	0	$1,399.30	$349.83	$1,749.13	$1,399.30	$349.83	$1,749.13			
Family	0	$1,872.67	$468.17	$2,340.84	$1,872.67	$468.17	$2,340.84			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0
HSA 85/15										
Single	0	$701.28	$123.76	$825.04	$693.03	$132.01	$825.04			
Two Person	0	$1,519.04	$268.06	$1,787.10	$1,501.16	$285.94	$1,787.10			
Family	0	$1,921.84	$339.15	$2,260.99	$1,899.23	$361.76	$2,260.99			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0
HSA 80/20										
Single	0	$660.03	$165.01	$825.04	$660.03	$165.01	$825.04			
Two Person	0	$1,429.68	$357.42	$1,787.10	$1,429.68	$357.42	$1,787.10			
Family	0	$1,808.79	$452.20	$2,260.99	$1,808.79	$452.20	$2,260.99			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0
POS 85/15										
Single	0	$1,061.00	$187.23	$1,248.23	$1,048.51	$199.72	$1,248.23			
Two Person	0	$2,245.81	$396.32	$2,642.13	$2,219.39	$422.74	$2,642.13			
Family	0	$2,971.97	$524.46	$3,496.43	$2,937.00	$559.43	$3,496.43			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL	5	$113,347	$20,003	$133,350	$112,014	$21,336	$133,350	$1,333	($1,333)	$0

Notes:

1. *Total costs assume a 6.5% increase in working rates effective 7/1/19.*
2. *Contribution changes from 85%/15% to 84%/16% and remains at 80%/20% where applicable.*

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City of Manchester - Teamsters Welfare

Estimated Impact Associated with Changing to "Site of Service" Plan Designs with Recurring Co-pay Effective 12/1/18

08/01/18

Fiscal Year 2021										
		FY21 Estimated Costs - Without Plan or Contribution Changes			FY21 Estimated Costs - With Contribution Changes			FY21 Savings		
	Current Enrollment	Employer Contributions	Employee Contributions	Total Cost	Employer Contributions	Employee Contributions	Total Cost	Employer Changes	Employee Changes	Total
HMO 84/16										
Single	0	$778.49	$148.28	$926.77	$769.22	$157.55	$926.77			
Two Person	1	$1,564.77	$298.05	$1,862.82	$1,546.14	$316.68	$1,862.82			
Family	4	$2,094.11	$398.88	$2,492.99	$2,069.18	$423.81	$2,492.99			
	5	$119,295	$22,723	$142,017	$117,874	$24,143	$142,017	$1,420	($1,420)	$0
HMO 80/20										
Single	0	$741.42	$185.35	$926.77	$741.42	$185.35	$926.77			
Two Person	0	$1,490.26	$372.56	$1,862.82	$1,490.26	$372.56	$1,862.82			
Family	0	$1,994.39	$498.60	$2,492.99	$1,994.39	$498.60	$2,492.99			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0
HSA 84/16										
Single	0	$731.25	$139.29	$870.54	$722.55	$147.99	$870.54			
Two Person	0	$1,696.92	$323.22	$2,020.14	$1,676.72	$343.42	$2,020.14			
Family	0	$2,120.86	$403.97	$2,524.83	$2,095.61	$429.22	$2,524.83			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0
HSA 80/20										
Single	0	$696.43	$174.11	$870.54	$696.43	$174.11	$870.54			
Two Person	0	$1,616.11	$404.03	$2,020.14	$1,616.11	$404.03	$2,020.14			
Family	0	$2,019.86	$504.97	$2,524.83	$2,019.86	$504.97	$2,524.83			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0
POS 84/16										
Single	0	$1,116.66	$212.70	$1,329.36	$1,103.37	$225.99	$1,329.36			
Two Person	0	$2,363.65	$450.22	$2,813.87	$2,335.51	$478.36	$2,813.87			
Family	0	$3,127.91	$595.79	$3,723.70	$3,090.67	$633.03	$3,723.70			
	0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL	5	$119,295	$22,723	$142,017	$117,874	$24,143	$142,017	$1,420	($1,420)	$0

Notes:

1. *Total costs assume a 6.5% increase in working rates effective 7/1/20.*
2. *Contribution changes from 84%/16% to 83%/17% and remains at 80%/20% where applicable.*